

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

Page 1 of 34

For Official Use Only

Statement covers period
from 01/01/2019

through 03/31/2019

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- | | |
|--|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
(Also Complete Part 5.) | <input type="checkbox"/> Ballot Measure Committee
<input type="radio"/> Primary Formed
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
(Also Complete Part 6.) |
| <input checked="" type="checkbox"/> General Purpose Committee
<input checked="" type="radio"/> Sponsored
<input checked="" type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.) |

2. Type of Statement:

- | | |
|--|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input checked="" type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
761357

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
California Conference Board, Amalgamated Transit Union PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94621	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

OPTIONAL: FAX/E-MAIL ADDRESS
info@olsonhagel.com

Treasurer(s)

NAME OF TREASURER
Joyce Willis

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94621	(510) 635-0192

NAME OF ASSISTANT TREASURER, IF ANY
Arturo Aguilar

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90031	(213) 210-7354

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/15/2019 By Joyce Willis
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/15/2019 By Joyce Willis
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 3 of 34
I.D. NUMBER		761357

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Conference Board, Amalgamated Transit Union PAC

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$85,013.50	\$85,013.50
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$85,013.50	\$85,013.50
4. Nonmonetary Contributions	Schedule C, Line 3	\$1,774.98	\$1,774.98
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$86,788.48	\$86,788.48

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$61,300.00	\$61,300.00
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$61,300.00	\$61,300.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$1,774.98	\$1,774.98
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$63,074.98	\$63,074.98

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$331,176.95
13. Cash Receipts	Column A, Line 3 above	\$85,013.50
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00
15. Cash Payments	Column A, Line 8 above	\$61,300.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$354,890.45
If this is a termination statement, Line 16 must be zero.		

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 01/01/2019
through 03/31/2019

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Conference Board, Amalgamated Transit Union PAC

I.D. Number

761357

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$0.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$0.00
2. Amount received this period - unitemized contributions of less than \$100	\$85,013.50
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$85,013.50

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule B - Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2019
through 03/31/2019

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Conference Board, Amalgamated Transit Union PAC

I.D. NUMBER
761357

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	_____ DATE DUE	_____ RATE % _____ RATE	_____ DATE INCURRED	CALENDAR YEAR PER ELECTION** _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	_____ DATE DUE	_____ RATE % _____ RATE	_____ DATE INCURRED	CALENDAR YEAR PER ELECTION** _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	_____ DATE DUE	_____ RATE % _____ RATE	_____ DATE INCURRED	CALENDAR YEAR PER ELECTION** _____
SUBTOTALS								

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

*Contributor Codes
IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

**Schedule B - Part 2
Loan Guarantors**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>	CALIFORNIA FORM 460
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I.D. Number 761357	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Conference Board, Amalgamated Transit Union PAC

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	

SUBTOTAL

Enter on
Summary Page,
Line 17 only.

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>	CALIFORNIA FORM 460
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I.D. Number 761357	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Conference Board, Amalgamated Transit Union PAC

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2/25/2019	California Conference Board Amalgamated Transit Union Los Angeles, CA 90031	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal & Reporting Services	\$1,774.98	\$1,774.98	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$1,774.98

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$1,774.98
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$1,774.98

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from 01/01/2019
 through 03/31/2019

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 California Conference Board, Amalgamated Transit Union PAC

I.D. NUMBER
 761357

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/4/2019	Payee Name: Moreno for Services District Board 2018 Candidate Name: Jaelyn Moreno Director Jurisdiction: Cosumnes Community Services District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/15/2019	Payee Name: Supervisor Janice Hahn 2016 Officeholder Candidate Name: Janice Hahn (O) County Supervisor District 4 Jurisdiction: Los Angeles County	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/15/2019	Payee Name: Tasha Boerner Horvath for Assembly 2020 Candidate Name: Tasha Boerner Horvath State Assembly Person District 76 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$51,300.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$51,300.00

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 9 of 34
NAME OF FILER California Conference Board, Amalgamated Transit Union PAC		I.D. NUMBER 761357

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/22/2019	Payee Name: Tom Daly for Assembly 2020 Candidate Name: Tom Daly State Assembly Person District 69 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$2,500.00	2020P: \$2,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/28/2019	Payee Name: Re-elect Mayor Steve Ly 2018 Candidate Name: Steve Ly Mayor Jurisdiction: City of Elk Grove	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,000.00	\$5,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/28/2019	Payee Name: Re-elect Darren Suen for City Council 2020 Candidate Name: Darren Suen City Council Member District 1 Jurisdiction: City of Elk Grove	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,000.00	\$5,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/31/2019	Payee Name: Cottie Petrie-Norris for Assembly 2020 Candidate Name: Cottie Petrie-Norris State Assembly Person District 74 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 10 of 34

NAME OF FILER California Conference Board, Amalgamated Transit Union PAC	I.D. NUMBER 761357
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/1/2019	Payee Name: Eduardo Garcia for Assembly 2020 Candidate Name: Eduardo Garcia State Assembly Person District 56 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$650.00	\$650.00	2020P: \$650.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Sabrina Cervantes for Assembly 2020 Candidate Name: Sabrina Cervantes State Assembly Person District 60 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	2020P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Eloise Reyes for Assembly 2020 Candidate Name: Eloise Reyes State Assembly Person District 47 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: James Ramos for Assembly 2020 Candidate Name: James Ramos State Assembly Person District 40 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 11 of 34

NAME OF FILER California Conference Board, Amalgamated Transit Union PAC	I.D. NUMBER 761357
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/1/2019	Payee Name: Muratsuchi for Assembly 2020 Candidate Name: Al Muratsuchi State Assembly Person District 66 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$750.00	\$750.00	2020P: \$750.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Chris Holden for Assembly 2020 Candidate Name: Chris Holden State Assembly Person District 41 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$750.00	\$750.00	2020P: \$750.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Jim Frazier for Assembly 2020 Candidate Name: Jim Frazier State Assembly Person District 11 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,300.00	\$1,300.00	2020P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Steven Bradford for Senate 2020 Candidate Name: Steven Bradford State Senator District 35 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$750.00	\$750.00	2020P: \$2,750.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 12 of 34

NAME OF FILER California Conference Board, Amalgamated Transit Union PAC	I.D. NUMBER 761357
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/1/2019	Payee Name: Anna Caballero for Senate 2022 Candidate Name: Anna Caballero State Senator District 12 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2022P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Jim Cooper for Assembly 2020 Candidate Name: Jim Cooper State Assembly Person District 9 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Luz Rivas for Assembly 2020 Candidate Name: Luz Rivas State Assembly Person District 39 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Ed Chau for Assembly 2020 Candidate Name: Ed Chau State Assembly Person District 49 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 13 of 34

NAME OF FILER California Conference Board, Amalgamated Transit Union PAC	I.D. NUMBER 761357
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/1/2019	Payee Name: Connie Leyva for Senate 2022 Candidate Name: Connie Leyva State Senator District 20 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2022P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Dr. Weber for Assembly 2020 Candidate Name: Shirley Weber State Assembly Person District 79 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,300.00	\$1,300.00	2020P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Robert Rivas for Assembly 2020 Candidate Name: Robert Rivas State Assembly Person District 30 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Ben Allen for Senate 2022 Candidate Name: Ben Allen State Senator District 26 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2022P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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NAME OF FILER California Conference Board, Amalgamated Transit Union PAC	I.D. NUMBER 761357
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/1/2019	Payee Name: Jones-Sawyer for Assembly 2020 Candidate Name: Reginald Jones-Sawyer State Assembly Person District 59 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Hurtado for Senate 2022 Candidate Name: Melissa Hurtado State Senator District 14 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2022P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Nazarian for Assembly 2020 Candidate Name: Adrin Nazarian State Assembly Person District 46 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$700.00	\$700.00	2020P: \$700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Ash Kalra for Assembly 2020 Candidate Name: Ash Kalra State Assembly Person District 27 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,300.00	\$1,300.00	2020P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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NAME OF FILER California Conference Board, Amalgamated Transit Union PAC	I.D. NUMBER 761357
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/1/2019	Payee Name: Bloom for Assembly 2020 Candidate Name: Richard Bloom State Assembly Person District 50 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,300.00	\$1,300.00	2020P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Cecilia Aguiar-Curry for Assembly 2020 Candidate Name: Cecilia Aguiar-Curry State Assembly Person District 4 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/12/2019	Payee Name: Re-elect Darren Suen for City Council 2020 Candidate Name: Darren Suen City Council Member District 1 Jurisdiction: City of Elk Grove	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Void Check	(\$5,000.00)	\$5,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/12/2019	Payee Name: Re-elect Darren Suen for City Council 2020 Candidate Name: Darren Suen City Council Member District 1 Jurisdiction: City of Elk Grove	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,000.00	\$5,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 16 of 34

NAME OF FILER California Conference Board, Amalgamated Transit Union PAC	I.D. NUMBER 761357
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/12/2019	Payee Name: Re-elect Mayor Steve Ly 2018 Candidate Name: Steve Ly Mayor Jurisdiction: City of Elk Grove	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,000.00	\$5,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/12/2019	Payee Name: Re-elect Mayor Steve Ly 2018 Candidate Name: Steve Ly Mayor Jurisdiction: City of Elk Grove	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Void Check	(\$5,000.00)	\$5,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/21/2019	Payee Name: Rob Bonta for Assembly 2020 Candidate Name: Rob Bonta State Assembly Person District 18 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/25/2019	Payee Name: Kamlager for Assembly 2020 Candidate Name: Sydney Kamlager State Assembly Person District 54 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$750.00	\$750.00	2020P: \$750.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 17 of 34

NAME OF FILER California Conference Board, Amalgamated Transit Union PAC	I.D. NUMBER 761357
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/26/2019	Payee Name: Rodriguez for Assembly 2020 Candidate Name: Freddie Rodriguez State Assembly Person District 52 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$750.00	\$750.00	2020P: \$750.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: David Chiu for Assembly 2020 Candidate Name: David Chiu State Assembly Person District 17 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Buffy Wicks for Assembly 2020 Candidate Name: Buffy Wicks State Assembly Person District 15 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Laura Friedman for Assembly 2020 Candidate Name: Laura Friedman State Assembly Person District 43 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$750.00	\$750.00	2020P: \$750.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 18 of 34

NAME OF FILER California Conference Board, Amalgamated Transit Union PAC	I.D. NUMBER 761357
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/26/2019	Payee Name: Rebecca Bauer-Kahan for Assembly 2020 Candidate Name: Rebecca Bauer-Kahan State Assembly Person District 16 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$750.00	\$750.00	2020P: \$750.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/6/2019	Payee Name: Bill Dodd for Senate 2020 Candidate Name: Bill Dodd State Senator District 3 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$750.00	\$750.00	2020P: \$3,750.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/6/2019	Payee Name: Friends of Mark Stone for Assembly 2020 Candidate Name: Mark Stone State Assembly Person District 29 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$750.00	\$750.00	2020P: \$750.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/6/2019	Payee Name: Kevin Mullin for Assembly 2020 Candidate Name: Kevin Mullin State Assembly Person District 22 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 19 of 34

NAME OF FILER California Conference Board, Amalgamated Transit Union PAC	I.D. NUMBER 761357
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/6/2019	Payee Name: Tom Daly for Assembly 2020 Candidate Name: Tom Daly State Assembly Person District 69 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$2,500.00	2020P: \$2,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/19/2019	Payee Name: Maienschein for Assembly 2020 Candidate Name: Brian Maienschein State Assembly Person District 77 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$51,300.00

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through		03/31/2019
Page 20 of 34		I.D. NUMBER 761357

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Conference Board, Amalgamated Transit Union PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Moreno for Services District Board 2018 Elk Grove, CA 95758 Committee ID: 1397770	CTB		\$1,000.00
Supervisor Janice Hahn 2016 Officeholder Los Angeles, CA 90017 Committee ID: 1394146	CTB		\$1,500.00
Tasha Boerner Horvath for Assembly 2020 Sacramento, CA 95815 Committee ID: 1414240	CTB		\$1,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$61,300.00
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$61,300.00

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
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Statement covers period		CALIFORNIA FORM 460
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through	03/31/2019	Page 21 of 34
NAME OF FILER California Conference Board, Amalgamated Transit Union PAC		I.D. NUMBER 761357

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tom Daly for Assembly 2020 Sacramento, CA 95814 Committee ID: 1415111	CTB		\$1,500.00
Rusty for Chair Pasadena, CA 91104		Contribution to Political Party Chair	\$10,000.00
Re-elect Mayor Steve Ly 2018 Sacramento, CA 95815 Committee ID: 1387325	CTB		\$5,000.00
Re-elect Darren Suen for City Council 2020 Penryn, CA 95663 Committee ID: 1376191	CTB		\$5,000.00
Cottie Petrie-Norris for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414368	CTB		\$1,500.00

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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NAME OF FILER California Conference Board, Amalgamated Transit Union PAC		I.D. NUMBER 761357

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Conference Board, Amalgamated Transit Union PAC

I.D. NUMBER
761357

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- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Eduardo Garcia for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414577	CTB		\$650.00
Sabrina Cervantes for Assembly 2020 Sacramento, CA 95814 Committee ID: 141422	CTB		\$500.00
Eloise Reyes for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414836	CTB		\$1,500.00
James Ramos for Assembly 2020 Sacramento, CA 95814 Committee ID: 1401703	CTB		\$1,000.00
Muratsuchi for Assembly 2020 Sacramento, CA 95814 Committee ID: 1415052	CTB		\$750.00

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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NAME OF FILER California Conference Board, Amalgamated Transit Union PAC		I.D. NUMBER 761357

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Conference Board, Amalgamated Transit Union PAC

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- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chris Holden for Assembly 2020 Sacramento, CA 95814 Committee ID: 1415357	CTB		\$750.00
Jim Frazier for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414416	CTB		\$1,300.00
Steven Bradford for Senate 2020 Sacramento, CA 95814 Committee ID: 1394302	CTB		\$750.00
Anna Caballero for Senate 2022 Sacramento, CA 95814 Committee ID: 1414451	CTB		\$1,500.00
Jim Cooper for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414095	CTB		\$1,000.00

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Conference Board, Amalgamated Transit Union PAC

I.D. NUMBER
761357

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- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Luz Rivas for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414301	CTB		\$1,000.00
Ed Chau for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414235	CTB		\$1,000.00
Connie Leyva for Senate 2022 Sacramento, CA 95814 Committee ID: 1414139	CTB		\$1,000.00
Dr. Weber for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414839	CTB		\$1,300.00
Robert Rivas for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414711	CTB		\$1,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 25 of 34
NAME OF FILER California Conference Board, Amalgamated Transit Union PAC		I.D. NUMBER 761357

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Conference Board, Amalgamated Transit Union PAC

I.D. NUMBER
761357

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ben Allen for Senate 2022 Sacramento, CA 95814 Committee ID: 1414553	CTB		\$1,000.00
Jones-Sawyer for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414383	CTB		\$1,500.00
Hurtado for Senate 2022 Sacramento, CA 95814 Committee ID: 1414453	CTB		\$1,000.00
Nazarian for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414380	CTB		\$700.00
Ash Kalra for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414276	CTB		\$1,300.00

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 26 of 34
NAME OF FILER California Conference Board, Amalgamated Transit Union PAC		I.D. NUMBER 761357

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Conference Board, Amalgamated Transit Union PAC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bloom for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414644	CTB			\$1,300.00
Cecilia Aguiar-Curry for Assembly 2020 Sacramento, CA 95814 Committee ID: 1413989	CTB			\$1,500.00
Re-elect Darren Suen for City Council 2020 Penryn, CA 95663 Committee ID: 1376191	CTB	Void Check		(\$5,000.00)
Re-elect Darren Suen for City Council 2020 Penryn, CA 95663 Committee ID: 1376191	CTB			\$5,000.00
Re-elect Mayor Steve Ly 2018 Sacramento, CA 95815 Committee ID: 1387325	CTB			\$5,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
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Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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NAME OF FILER California Conference Board, Amalgamated Transit Union PAC		I.D. NUMBER 761357

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NAME OF FILER
California Conference Board, Amalgamated Transit Union PAC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Re-elect Mayor Steve Ly 2018 Sacramento, CA 95815 Committee ID: 1387325	CTB	Void Check	(\$5,000.00)
Rob Bonta for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414291	CTB		\$1,500.00
Kamlager for Assembly 2020 Sacramento, CA 95814 Committee ID: 1415232	CTB		\$750.00
Rodriguez for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414249	CTB		\$750.00
David Chiu for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414326	CTB		\$1,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 28 of 34
NAME OF FILER California Conference Board, Amalgamated Transit Union PAC		I.D. NUMBER 761357

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Conference Board, Amalgamated Transit Union PAC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Buffy Wicks for Assembly 2020 Sacramento, CA 95814 Committee ID: 1415745	CTB		\$1,000.00
Laura Friedman for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414465	CTB		\$750.00
Rebecca Bauer-Kahan for Assembly 2020 Sacramento, CA 95814 Committee ID: 1404500	CTB		\$750.00
Bill Dodd for Senate 2020 Sacramento, CA 95841 Committee ID: 1392482	CTB		\$750.00
Friends of Mark Stone for Assembly 2020 Sacramento, CA 95814 Committee ID: 1414361	CTB		\$750.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2019</u>		
through <u>03/31/2019</u>		Page <u>29</u> of <u>34</u>
NAME OF FILER California Conference Board, Amalgamated Transit Union PAC		I.D. NUMBER 761357

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Conference Board, Amalgamated Transit Union PAC

I.D. NUMBER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kevin Mullin for Assembly 2020 Sacramento, CA 95814	CTB			\$1,000.00
Committee ID: 1414186 Tom Daly for Assembly 2020 Sacramento, CA 95814	CTB			\$1,000.00
Committee ID: 1415111 Maienschein for Assembly 2020 Sacramento, CA 95814	CTB			\$1,000.00
Committee ID: 1414261				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$61,300.00

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 30 of 34
NAME OF FILER California Conference Board, Amalgamated Transit Union PAC		I.D. NUMBER 761357

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
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| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** _____
May be a negative number.

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2019
through 03/31/2019

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Page 31 of 34

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Conference Board, Amalgamated Transit Union PAC

I.D. NUMBER
761357

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL*

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H –
Loans Made to Others***

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Conference Board, Amalgamated Transit Union PAC

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
		SUBTOTALS						

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

**** If Required**

(May be a negative number)

**Schedule I
Miscellaneous Increases to Cash**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 01/01/2019
through 03/31/2019

CALIFORNIA FORM 460
Page 33 of 34
I.D. NUMBER 761357

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Conference Board, Amalgamated Transit Union PAC

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- 1. Increases to cash of \$100 or more this period..... \$.00
- 2. Unitemized increases to cash under \$100 this period..... \$.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

Memo Reference:

Schedule A: California Conference Board, Amalgamated Transit Union, 8460 Enterprise Way, Oakland, CA 94621, is the intermediary for all contributions. Schedule C: Not subject to contribution limits and reported pursuant to FPPC Regulation 18215 (c) (16).
